

Fill in this information to identify the case:

Debtor name **Midnight Madness Distilling LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **21-11750**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>Ally</b> <small>Creditor's Name</small>  <b>6985 Union Park Center</b> <b>Midvale, UT 84047</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>9/2017</b> <b>Last 4 digits of account number</b> <b>0275</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2015 HINO 195 - 5460</b>  <b>Describe the lien</b> <b>Purchase Money Security Interest</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$22,883.49</b>	<b>\$65,210.00</b>

2.2	<b>Ally</b> <small>Creditor's Name</small>  <b>6985 Union Park Center</b> <b>Midvale, UT 84047</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>9/2017</b> <b>Last 4 digits of account number</b> <b>0275</b> <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2015 Hino 195 - JHHRDM2H7FK002022</b>  <b>Describe the lien</b> <b>Purchase Money Security Interest</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$8,247.00</b>	<b>\$65,210.00</b>
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Debtor **Midnight Madness Distilling LLC**

Case number (if known) **21-11750**

Name

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 First Western Bank & Trust**

Creditor's Name

**100 Prairie Center Drive  
Eden Prairie, MN 55344**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**2017**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Equipment**

**Unknown**

**\$0.00**

Describe the lien

**UCC Lien**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 Francis E. Stubbs**

Creditor's Name

**Maria Del Carmen Nuno  
154 E. Oakland Avenue  
Doylestown, PA 18901**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**10/2016**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**118 N. Main Street, Trumbauersville, PA**

**\$301,279.00**

**\$675,000.00**

Describe the lien

**Mortgage**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 Honda Finance**

Creditor's Name

**240 Gibraltar Road  
# 200  
Horsham, PA 19044**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

**2017 Honda Ridgeline - 5FPYK3F75HB014791**

**\$13,273.00**

**\$30,500.00**

Describe the lien

**Purchase Money Security Interest**

Is the creditor an insider or related party?

☒ No

☐ Yes

Debtor **Midnight Madness Distilling LLC** Case number (if known) **21-11750**  
Name

Date debt was incurred

**10/2017**

Last 4 digits of account number

**1077**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.6 Isuzu Finance of America**

Creditor's Name

**2500 Westchester Avenue  
Suite 312  
Purchase, NY 10577-2578**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2019 HINO 195 - jhhrdm2h3kk007602**

**\$41,168.00**

**\$65,210.00**

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.7 PACCAR Financial**

Creditor's Name

**240 Gibraltar Road  
#200  
Horsham, PA 19044**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**5/2017**

Last 4 digits of account number

**7212**

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**2017 Kenworth 370 - 3BKJHM7X6HF581594**

**\$22,078.00**

**\$83,850.00**

Describe the lien

**Purchase Money Security Interest**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.8 PACCAR Financial**

Describe debtor's property that is subject to a lien

**\$44,418.00**

**\$112,341.00**

Debtor **Midnight Madness Distilling LLC** Case number (if known) **21-11750**

Creditor's Name  
**240 Gibraltar Road  
# 200  
Horsham, PA 19044**

Creditor's mailing address

**2018 Kenworth T370 - 2NKHHM7X2JM214870**

Describe the lien  
**Purchase Money Security Interest**  
Is the creditor an insider or related party?

☒ No  
☐ Yes  
Is anyone else liable on this claim?  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred  
**12/2017**  
Last 4 digits of account number  
**4719**

Do multiple creditors have an interest in the same property?  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.9** **PNC Bank NA**  
Creditor's Name  
**500 First Avenue  
Pittsburgh, PA 15219**

Creditor's mailing address

Describe debtor's property that is subject to a lien **\$533,334.00** **\$147,840.00**  
**PNC Bank - Checking - Acct# 5876**

Describe the lien  
**Blanket Lien on all corporate assets**  
Is the creditor an insider or related party?

☒ No  
☐ Yes  
Is anyone else liable on this claim?  
☐ No  
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred  
**6/2019**  
Last 4 digits of account number  
**4923**

Do multiple creditors have an interest in the same property?  
☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:  
Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.1**  
**0** **PNC Bank NA**  
Creditor's Name  
**500 First Avenue  
Pittsburgh, PA 15219**

Creditor's mailing address

Describe debtor's property that is subject to a lien **\$175,000.00** **\$335,116.00**  
**90 days or less: Accounts Receivable as of 6/21/2021**

Describe the lien  
**Blanket Lien on all corporate assets**  
Is the creditor an insider or related party?

☒ No  
☐ Yes  
Is anyone else liable on this claim?  
☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred  
**4/2019**  
Last 4 digits of account number  
**2372**

Debtor **Midnight Madness Distilling LLC** Case number (if known) **21-11750**

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
1

**PNC Bank NA**

Creditor's Name

**500 First Avenue  
Pittsburgh, PA 15219**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**2020 - PPP Loan**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$441,855.00**

**\$0.00**

**Describe the lien**

**Blanket Lien on all corporate assets**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☒ Contingent

☐ Unliquidated

☐ Disputed

2.1  
2

**PNC Equipment Finance**

Creditor's Name

**995 Dalton Avenue  
Cincinnati, OH 45203-1101**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**4/2019**

**Last 4 digits of account number**

**3391**

**Do multiple creditors have an interest in the same property?**

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

**1. PNC Equipment Finance**

**2. PNC Equipment Finance**

**Describe debtor's property that is subject to a lien**

**Machinery & Equipment - See Attached List**

**\$860,052.00**

**\$579,500.00**

**Describe the lien**

**Business Loan**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1  
3

**PNC Equipment Finance**

Creditor's Name

**995 Dalton Avenue  
Cincinnati, OH 45203-1101**

**Describe debtor's property that is subject to a lien**

**Machinery & Equipment - See Attached List**

**\$893,195.00**

**\$579,500.00**

Debtor <b>Midnight Madness Distilling LLC</b> Name <hr/> Creditor's mailing address <hr/> Creditor's email address, if known <hr/> <b>Date debt was incurred</b> <b>5/2019</b> <b>Last 4 digits of account number</b> <b>3393</b> <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <b>Specified on line 2.12</b>	<b>Describe the lien</b> <b>Business Loan</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
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<b>2.1</b> <b>4</b> <b>Toyota Industries Commercial Finance</b> Creditor's Name <b>1999 Bryan Street</b> <b>Suite 900</b> <b>Dallas, TX 75201</b> Creditor's mailing address <hr/> Creditor's email address, if known <hr/> <b>Date debt was incurred</b> <b>8/2017</b> <b>Last 4 digits of account number</b> <b>9289</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>2018 HINO 195 - JHHRDM2H2JK005192</b> <hr/> <b>Describe the lien</b> <b>Purchase Money Security Interest</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,078.00</b> <hr/>	<b>\$65,210.00</b> <hr/>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$3,371,860.49**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	On which line in Part 1 did you enter the related creditor? 	Last 4 digits of account number for this entity 
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Fill in this information to identify the case:

Debtor name **Midnight Madness Distilling LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF PENNSYLVANIA**

Case number (if known) **21-11750**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Department of the Treasury Tax and Trade Bureau 1310 G St. NW Washington, DC 20005</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$261,739.00</b>	<b>\$205,963.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Excise Taxes</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service  Bankruptcy Specialist PO Box 7346 Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$22,573.75</b>	<b>\$22,573.75</b>
	Date or dates debt was incurred	Basis for the claim: <b>Employment Taxes</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	21-11750		
2.3	<b>Priority creditor's name and mailing address</b> <b>Keystone Collections</b> <b>PO Box 559</b> <b>Irwin, PA 15642</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>Unknown</b>	<b>Unknown</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> <b>Local taxes</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.4	<b>Priority creditor's name and mailing address</b> <b>Pennsylvania Department of Revenue</b> <b>Department 280946</b> <b>Attn: Bankruptcy Division</b> <b>Harrisburg, PA 17128-0946</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		<b>\$40,751.00</b>	<b>\$40,751.00</b>
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<b>Basis for the claim:</b> <b>State Sales Taxes</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

				Amount of claim	
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>ACCU Staffing SVCS</b> <b>308 W Main Street</b> <b>Lansdale, PA 19446</b>  <b>Date(s) debt was incurred</b> __ <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$2,722.11</b>	
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>Aftek, Inc.</b> <b>740 Driving Park Ave.</b> <b>Rochester, NY 14613</b>  <b>Date(s) debt was incurred</b> __ <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$5,931.68</b>	
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Agtech VI, LLC</b> <b>6115 Estate Smith Bay</b> <b>East End Plaza Suite 120</b> <b>St Thomas, VI 00802</b>  <b>Date(s) debt was incurred</b> __ <b>Last 4 digits of account number</b> __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> __  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$106,922.00</b>	

Debtor	<b>Midnight Madness Distilling LLC</b> Name	Case number (if known)	<b>21-11750</b>
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3.4	<b>Nonpriority creditor's name and mailing address</b> <b>Albatrans, Inc.</b> <b>149-10 183rd Street</b> <b>Springfield Gardens, NY 11413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,226.18</b>
<hr/>			
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>P.O. Box 650448</b> <b>Dallas, TX 75265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$298,882.00</b>
<hr/>			
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>American Supply Company</b> <b>2411 N. American Street</b> <b>Philadelphia, PA 19133</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
<hr/>			
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>BDS Souderton</b> <b>3443 Bethlehem Pike</b> <b>Souderton, PA 18964</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,322.33</b>
<hr/>			
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Bergey's Commercial Tire Centers</b> <b>3161 Penn Avneue</b> <b>Hatfield, PA 19440</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,112.45</b>
<hr/>			
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Berkley Insurance Co.</b> <b>475 Steamboat Rd.</b> <b>Floor 1</b> <b>Greenwich, CT 06830</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,991.00</b>
<hr/>			
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Berlin Packing, LLC</b> <b>525 West Monroe Street</b> <b>14 Floor</b> <b>Chicago, IL 60661</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,581.00</b>

Debtor	<b>Midnight Madness Distilling LLC</b> Name	Case number (if known)	<b>21-11750</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Betsy Moyer Taxes</b> <b>105 Chestnut Drive</b> <b>Quakertown, PA 18951</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$976.00</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Blank Rome</b> <b>501 Grant Street</b> <b>Union Trust Building</b> <b>Suite 850</b> <b>Pittsburgh, PA 15219</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>legal fees</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,080.00</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Bouder Mechanical Services, Inc.</b> <b>67 Cooper Ave.</b> <b>Landisville, PA 17538</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.00</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Capital One</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130-0287</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$58,673.00</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Catskill Marketing, LLC</b> <b>10 North Street</b> <b>Middletown, NY 10940</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500.00</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Classic Staffing Services, Inc.</b> <b>248 W. Broad Street</b> <b>Quakertown, PA 18951</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,135.00</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>D.J. Whelan &amp; Co.</b> <b>100 S Summit St.</b> <b>Detroit, MI 48209</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,775.00</b>
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Debtor	Midnight Madness Distilling LLC	Case number (if known)	21-11750
	Name		
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Devault Refrigeration</b> <b>731 Wambold Rd.</b> <b>Souderton, PA 18964</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,524.00</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Dutch Valley Food Dist</b> <b>P.O. Box 465</b> <b>Myerstown, PA 17067</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,324.39</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ETOH Worldwide LLC</b> <b>6115 Estate Smith Bay</b> <b>East End Plaza Suite 120</b> <b>St Thomas, VI 00802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,896.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Express Employment Professionals</b> <b>19 Jenkins Avenue</b> <b>Suite 200</b> <b>Lansdale, PA 19446</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,666.00</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Foodarom USA, Inc</b> <b>5525 West 1730 South</b> <b>Suite 202</b> <b>Salt Lake City, UT 84104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,324.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Good Plumbing, Heating A/C, Inc.</b> <b>737 Hagey Center Dr. D</b> <b>Souderton, PA 18964</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393.73</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Grain Processing Corp.</b> <b>250 Technology Drive W</b> <b>Clearfield, PA 16830</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,346.00</b>

Debtor	<b>Midnight Madness Distilling LLC</b> Name	Case number (if known)	<b>21-11750</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Greenwood</b> <b>6280 W. Howard Street</b> <b>Niles, IL 60714</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,544.34</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Hoover Materials Handling Group</b> <b>33 W. Higgins Road</b> <b>Suite 3000</b> <b>Barrington, IL 60010</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,596.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Iron Heart Canning Company, LLC</b> <b>7130 Golden Ring Road</b> <b>Essex, MD 21221</b>  Date(s) debt was incurred <u>6/2020</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>referral and packaging agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$93,925.00</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>KorPack</b> <b>290 Madsen Dr. #101</b> <b>Bloomington, IL 60108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,700.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Labelworx</b> <b>51 Runway Road</b> <b>Levittown, PA 19057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30,248.60</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Landis Pallet &amp; Box Co Inc.</b> <b>P.O. Box 126</b> <b>East Greenville, PA 18041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,425.00</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>LANE IP Limited</b> <b>The Forum, First Floor</b> <b>33 Gutter Lane</b> <b>London EC2v8AS</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,934.00</b>
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Debtor	<b>Midnight Madness Distilling LLC</b> Name	Case number (if known)	<b>21-11750</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>McCallion Staffing Specialists</b> <b>601 A Bethlehem Pike</b> <b>Montgomeryville, PA 18936</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$348.17</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Merican Mule LLC</b> <b>150 The Promenade N</b> <b>Long Beach, CA 90802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$76,813.00</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Mike Boyer</b> <b>4406 Lowell Road</b> <b>Wilmington, DE 19802</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$525,000.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Morrison Container</b> <b>335 West 194th Street</b> <b>Glenwood, IL 60425</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,708.00</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Nationwide</b> <b>P.O. Box 742522</b> <b>Cincinnati, OH 45274-2522</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,563.00</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Norris McLaughlin</b> <b>515 West Hamilton Street</b> <b>Suite 502</b> <b>Allentown, PA 18101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,860.00</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>North Industrial Chemicals</b> <b>609 E. King Street</b> <b>P.O. Box 1985</b> <b>York, PA 17403</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,226.00</b>
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Debtor **Midnight Madness Distilling LLC**  
Name

Case number (if known) **21-11750**

3.39	<b>Nonpriority creditor's name and mailing address</b> <b>NYCO Corporation</b> <b>1073 S County Lind Road #B</b> <b>Souderton, PA 18964</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,593.61</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>O-1 Packaging Solutions, LLC</b> <b>One Michael Owens Way Plaza 2</b> <b>Perrysburg, OH 43551</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,354.90</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>OK Kosher Certification</b> <b>391 Tryo Avenue</b> <b>Brooklyn, NY 11213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,500.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Ore Rentals</b> <b>699 N West End</b> <b>Quakertown, PA 18951</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,953.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Penny Power</b> <b>202 S. 3rd Street</b> <b>Coopersburg, PA 18036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$445.32</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Polebridge</b> <b>118 N. Main Street</b> <b>Trumbauersville, PA 18970</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,734,102.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Roberts Oxygen Company</b> <b>614 Westtown Road #C</b> <b>West Chester, PA 19382</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,293.50</b>

Debtor	<b>Midnight Madness Distilling LLC</b> Name	Case number (if known)	<b>21-11750</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Ronald Frank</b> <b>1675 Gloucester Court</b> <b>Sewickley, PA 15143</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,245.00</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Soiree Partners</b> <b>3401 Liberty Avenue</b> <b>Pittsburgh, PA 15201-1322</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$306.00</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Sunteck</b> <b>125 Sunteck Lane</b> <b>Cresco, PA 18326</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,970.00</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Technical Beverage Services</b> <b>120 Leesburg Rd.</b> <b>Telford, TN 37690</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,918.00</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>The Cincinnati Insurance Company</b> <b>334 Jefferson Court</b> <b>Collegeville, PA 19426</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,142.00</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Trout Brothers</b> <b>164 Badman Road</b> <b>Green Lane, PA 18054</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,988.00</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Uline Ship Supply</b> <b>700 Uline Way</b> <b>Allentown, PA 18106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,369.01</b>
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Debtor **Midnight Madness Distilling LLC**  
Name

Case number (if known) **21-11750**

3.53	Nonpriority creditor's name and mailing address <b>UPS</b> <b>258 N. West End Blvd</b> <b>Quakertown, PA 18951</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,794.68</b>
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3.54	Nonpriority creditor's name and mailing address <b>Utica National Insurance</b> <b>180 Genesee Street</b> <b>New Hartford, NY 13413</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,741.00</b>
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3.55	Nonpriority creditor's name and mailing address <b>Vanguard/Ascensus</b> <b>P.O. Box 28067</b> <b>New York, NY 10087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$956.25</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Wiggin and Dana, LP</b> <b>Attn: John Doroghazi</b> <b>One Century Tower</b> <b>265 Church Street</b> <b>New Haven, CT 06510</b>	Line <b>3.27</b>  <input type="checkbox"/> Not listed. Explain ____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

		<b>Total of claim amounts</b>
5a.	\$	<b>325,063.75</b>
5b.	+	<b>6,412,597.25</b>
5c.	\$	<b>6,737,661.00</b>